

Jackson County

Preferred-Care Blue PPO Plan

Benefit & Rate Confirmation

(Effective January 1, 2018)



FILED

DEC 05 2017

MARY JO SPINO
COUNTY CLERK

Benefit and Rate Confirmation
Jackson County – Preferred-Care Blue PPO Plan

Preferred-Care Blue Copayment, Deductible, Coinsurance and Limits
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<i>Hospital and Physician</i>									
Calendar Year Deductible	<table><tr><th><u>In Network</u></th><th><u>Out of Network</u></th></tr><tr><td>Individual</td><td>\$1,000</td><td>\$2,500</td></tr><tr><td>Family</td><td>\$2,000</td><td>\$4,500</td></tr></table>	<u>In Network</u>	<u>Out of Network</u>	Individual	\$1,000	\$2,500	Family	\$2,000	\$4,500
<u>In Network</u>	<u>Out of Network</u>								
Individual	\$1,000	\$2,500							
Family	\$2,000	\$4,500							
Coinsurance Member Pays									
Preferred	20%								
Non-Preferred	40%								
Out-of-Pocket Maximum <i>(Includes Deductible, Coinsurance & All Copays)</i>									
Preferred	<table><tr><th><u>Individual</u></th><th><u>Family</u></th></tr><tr><td>\$4,500</td><td>\$9,000</td></tr><tr><td>Non-Preferred</td><td>\$8,500</td><td>\$16,500</td></tr></table>	<u>Individual</u>	<u>Family</u>	\$4,500	\$9,000	Non-Preferred	\$8,500	\$16,500	
<u>Individual</u>	<u>Family</u>								
\$4,500	\$9,000								
Non-Preferred	\$8,500	\$16,500							
Physician Office Visit									
Preferred									
PCP	\$30 Copay*								
Specialist	\$60 Copay*								
Non-Preferred	Deductible & Coinsurance								
<small>*Copay applies to the Office Visit Charge Only. Other procedures performed in a Physician's office are subject to the applicable deductible and coinsurance level unless otherwise specified in the benefit schedule.</small>									
Lab Services									
Preferred	No Copay*								
Physician's Office / Independent Lab	Deductible & Coinsurance								
Outpatient Facility/Hospital	Deductible & Coinsurance								
Non-Preferred									
X-ray and other Radiology Procedures									
Preferred	Deductible & Coinsurance								
Non-Preferred	Deductible & Coinsurance								

Benefit and Rate Confirmation
Jackson County – Preferred-Care Blue PPO Plan

<i>Hospital and Physician (cont'd.)</i>	
Routine Preventive Care Preferred	Expanded (ACA Compliant) Women's Preventive***
Non-Preferred	Routine Services: 100% Related OV: 100% Deductible & Coinsurance
Routine Vision Care	Not Covered
Prenatal Program	Yes
Emergency Room	\$250 Copay then Deductible & Preferred Coinsurance <i>Copay waived if admitted to a Hospital</i>
Urgent Care Benefit Preferred	\$60 Copay*
Non-Preferred	Deductible & Coinsurance

<i>Mental Illness/Substance Abuse</i>	
Inpatient Mental Illness/Substance Abuse	Deductible & Coinsurance
Outpatient Mental Illness/Substance Abuse Office Visit	\$30 Copay*
Outpatient Mental Illness/Substance Abuse Therapy	Deductible & Coinsurance

***Routine Women's Preventive required under the Affordable Care Act of 2010 ("ACA")

Benefit and Rate Confirmation
Jackson County – Preferred+Care Blue PPO Plan

Ancillary/Miscellaneous	
Air Ambulance	Deductible & Preferred Coinsurance
Ground Ambulance	Deductible & Preferred Coinsurance <i>No limit per trip</i>
Home Health Services	Deductible & Coinsurance <i>60 visit Calendar Year Maximum</i>
Skilled Nursing Facility	Deductible & Coinsurance <i>30 day Calendar Year Maximum</i>
Inpatient Hospice	Deductible & Coinsurance <i>14 Day Lifetime Max</i>
Outpatient Therapy (Speech, Hearing, Physical and Occupational)	Deductible & Coinsurance <i>Combined 60 visit Calendar Year Maximum for Physical & Occupational Therapy</i> <i>Combined 20 visit Calendar Year Maximum for Speech & Hearing Therapy</i>
Chiropractic Services *Copay applies to the Office Visit Charge Only. Other procedures performed in a Chiropractor's office are subject to the applicable deductible and coinsurance level unless otherwise specified in the benefit schedule.	Network: \$60 Copay* Non-Network: Deductible & Coinsurance
Infertility/Impotency	\$10,000 lifetime benefit maximum; drugs are covered at 50% after applicable copay

Benefit and Rate Confirmation
Jackson County – Preferred-Care Blue PPO Plan

<i>Outpatient Prescription Drugs</i>	
Network	BCBSKC Rx
Rx Deductible	None
Long-Term Supply – Mail order only	All covered drugs
Retail Copays: Tier 1/Tier 2/Tier 3	\$12/20% up to \$100/50% up to \$250
Mail Order Copays: Tier 1/Tier 2/Tier 3	\$24/20% up to \$200/50% up to \$500
Contraceptives:	Generic contraceptive drugs covered at 100% Injectables, implants, and devices covered at 100%
Over the Counter Drugs (Prevacid OTC, Prilosec OTC, Loratadine/Loratadine-D tablets including rapidly dissolving tablets, and syrup (generic for Claritin and Alavert products) & Zyrtec	\$1 Copay
Out-of-Network:	Retail: 50% after \$12/20%/50% Mail Order 50% after \$24/20%/50%
ExpressScripts Program:	BlueKC Network without Walgreen's Select Home Delivery Active Choice

<i>Other</i>	
Lifetime Maximum	Unlimited
Dependent Limiting Age	26
Maternity	Covered
Dependent Daughters	Covered for maternity
Eligibility/Termination	First day of month/last day of month
Domestic Partner Amendment – Coverage for same sex and opposite sex coverage	Covered
Coverage for Legally Married Same Sex Spouse	Yes
Wellness Fund (Group Total)	\$75,000
	<i>*Amount applies to group as a whole and amount is not available for each unique product the group offers.</i>
Nurse Line	Yes

Benefit and Rate Confirmation
Jackson County – Preferred-Care Blue PPO Plan

<i>Underwriting</i>	
Minimum percent of Eligible employees covered	75%
Percentage threshold of total employee enrollment at renewal based on prior year's enrollment	90%
Classification of Eligible Employees	See Attached
Waiting Period	See Attached
Minimum Employer Contribution	75% cost of Eligible Employees/50% total account premium
Section 125 Enrollment Provisions	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes
Start Date of Annual Enrollment Period	30 days prior to group anniversary date
End Date of Annual Enrollment Period	15 days after group anniversary date
Contract Term	12 months
Subsequent Renewal Terms	12 months
Renewal Notification	180 Days Preliminary; 120 Days Final
Next Renewal	1/1/19
Reinstatement Fee	\$500
Subject to ERISA	No

<i>Mandated Offerings</i>	
Pregnancy Termination	<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject


**Benefit and Rate Confirmation
Jackson County – Preferred-Care Blue PPO Plan**

Rates	
Employee Employee + One Family	See Cost Plus Agreement
Direct Bill/Cobra	
Employee	\$690.19
Employee + One	\$1,576.21
Family	\$1,934.96

A Healthier You™	
Select only one:	
<input type="checkbox"/> AHY 100+ <input checked="" type="checkbox"/> AHY Platinum (1000+) <input type="checkbox"/> Decline AHY (approval needed)	
AHY for Subscriber and Spouse with Medical Coverage	Included in premium

Funding	<input type="checkbox"/> ASO <input checked="" type="checkbox"/> Cost Plus <input type="checkbox"/> Insured <input type="checkbox"/> Other
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Confirmed by Jackson County:


Signature

Director of Finance and Purchasing

Title

Date 11/30/17

Accepted by Blue Cross and
Blue Shield of Kansas City:


Signature

UNDERWRITER
Title

Date 10/24/17

APPROVED AS TO FORM


County Counselor

Jackson County

Blue-Care HMO Plan

Benefit & Rate Confirmation

(Effective January 1, 2018)



**Benefit and Rate Confirmation
Jackson County – Blue-Care HMO Plan**

Blue-Care
Copays and Limits

<i>Physician</i>	
Primary Care Office Visit	\$30 Copay
Specialty Care Office Visit	\$60 Copay
Expanded (ACA Compliant) Women's Preventive** and Related Office Visit	No Copay
Routine Vision	Not Covered
Allergy Testing	\$100 Copay
Urgent Care	\$60 Copay <i>(Urgent Care copay waived if services provided at local Retail urgent care clinic)</i>
Pre-natal Program	Yes

<i>Hospital</i>	
Emergency Room	\$300 Copay <i>Copay waived if admitted to a hospital</i>
MRI, MRA, CT, and PET scans performed in a Physicians office, imaging center or other outpatient setting (including a hospital)	\$250 Copay
Inpatient Hospital Services or Outpatient Surgery in Hospital or other Outpatient Facility	\$400 Copay Per Day <i>Copays limited to five copays per member per calendar year</i>

<i>Out-of-Pocket Maximum</i>	
Out-of-Pocket Maximum <i>(Includes All Network Member Cost Sharing)</i>	
Individual	\$3,500
Family	\$8,750

****Routine Women's Preventive services required under the Affordable Care Act of 2010 ("ACA")**

Benefit and Rate Confirmation
Jackson County – Blue-Care HMO Plan

<i>Mental Illness/Substance Abuse</i>	
Inpatient Mental Illness/Substance Abuse	\$400 Copay Per Day <i>Copays limited to five copays per member per calendar year</i>
Outpatient Mental Illness/Substance Abuse Office Visit/Therapy:	\$30 Copay
Outpatient Mental Illness/Substance Abuse Other Services (including partial hospitalization):	No Copay

<i>Ancillary/Miscellaneous</i>	
Air Ambulance	No Copay
Ground Ambulance	No Copay <i>No Limit Per Trip*</i>
Home Health Services	No Copay <i>60 visit Calendar Year Maximum</i>
Skilled Nursing Facility	No Copay <i>30 day Calendar Year Maximum</i>
Inpatient Hospice	\$200 Copay <i>Applies to Annual Inpatient/Outpatient Hospital Maximum 14 Day Lifetime Maximum</i>
Outpatient Therapy (Speech, Hearing, Physical and Occupational)	No Copay <i>Combined 60 visit Calendar Year Maximum for Physical & Occupational Therapy Combined 20 visit Calendar Year Maximum for Speech & Hearing Therapy</i>
Skeletal Manipulations	\$30 Copay
Infertility/Impotency Treatment	\$10,000 lifetime benefit maximum
Infertility/Impotency Drugs	50% after prescription copay

**Process ambulance benefit at billed charges.*

Benefit and Rate Confirmation
Jackson County – Blue-Care HMO Plan

<i>Outpatient Prescription Drugs</i>	
Network	BCBSKC Rx
Rx Deductible	None
Long-Term Supply - All sources (retail - 3x short-term)	All covered drugs
Short-Term Retail Copays: Tier 1/Tier 2/Tier 3	\$12/20% up to \$100/50% up to \$250
Long-Term Mail Order Copays: Tier 1/Tier 2/Tier 3	\$24/20% up to \$200/50% up to \$500
Contraceptives:	Generic contraceptive drugs covered at 100% Injectables, implants, and devices covered at 100%
Over the Counter Drugs <i>(Prevacid OTC, Prilosec OTC, Loratadine/Loratadine-D tablets including rapidly dissolving tablets, and syrup (generic for Claritin and Alavert products) & Zyrtec</i>	\$1 Copay
ExpressScripts Program:)	BlueKC Network without Walgreen's Select Home Delivery Active Choice

Benefit and Rate Confirmation
Jackson County – Blue-Care HMO Plan

Other	
Lifetime Maximum	Unlimited
Dependent Limiting Age	26
Maternity	Covered
Dependent Daughters	Covered for maternity
Elective Pregnancy Termination	Not covered
Eligibility/Termination	First day of month/last day of month
Coverage for Legally Married Same Sex Spouse	Yes
Domestic Partner Amendment – Coverage for same sex and opposite sex coverage	Covered
Wellness Fund (Group Total)	\$75,000 <i>*Amount applies to group as a whole and amount is not available for each unique product the group offers.</i>
Nurse Line	Yes

Benefit and Rate Confirmation
Jackson County - Blue-Care HMO Plan

<i>Underwriting</i>	
Minimum percent of Eligible employees covered	75%
Percentage threshold of total employee enrollment at renewal based on prior year's enrollment	90%
Classification of Eligible Employees	See Attached
Waiting Period	See Attached
Minimum Employer Contribution	75% cost of Eligible Employees/50% total account premium
Section 125 Enrollment Provisions	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes
Start Date of Annual Enrollment Period	30 days prior to group anniversary date
End Date of Annual Enrollment Period	15 days after group anniversary date
Contract Term	12 months
Subsequent Renewal Terms	12 months
Renewal Notification	180 Days Preliminary; 120 Days Final
Next Renewal	1/1/19
Reinstatement Fee	\$500
Subject to ERISA	No

Mandated Offerings

Pregnancy Termination

☐ Accept

☒ Reject

Benefit and Rate Confirmation
Jackson County – Blue-Care HMO Plan

Rates	
Employee	See Cost Plus Agreement
Employee + One	
Family	
Direct Bill Cobra	
Employee	\$704.35
Employee + One	\$1,603.58
Family	\$1,976.98

A Healthier You™	
Select only one:	
<input type="checkbox"/> AHY 100+	<input checked="" type="checkbox"/> AHY Platinum (1000+) <input type="checkbox"/> Decline AHY (approval needed)
AHY for Subscriber and Spouse with Medical Coverage	Included in premium

Funding	<input type="checkbox"/> ASO <input checked="" type="checkbox"/> Cost Plus <input type="checkbox"/> Insured <input type="checkbox"/> Other
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Confirmed by Jackson County:

Accepted by Blue Cross and
Blue Shield of Kansas City:

Signature

Signature

Director of Finance and Purchasing

UNDEMNIFIED

Title

Title

Date

Date

10/23/17

APPROVED AS TO FORM


County Counselor

Jackson County
BlueSaver PPO Plan
Benefit & Rate Confirmation
(Effective January 1, 2018)



**Benefit and Rate Confirmation
Jackson County – BlueSaver PPO Plan**

Preferred-Care Blue Copayment, Deductible, Coinsurance and Limits
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<i>Hospital and Physician</i>		
<i>Calendar Year Deductible</i>		
Individual		\$2,700
Family		\$5,400
<i>Coinsurance Member Pays</i>		
Preferred		0%
Non-Preferred		20%
<i>Out-of-Pocket Maximum (Includes Deductible, Coinsurance & All Copays)</i>		
	<u>Individual</u>	<u>Family</u>
Preferred	\$2,700	\$5,400
Non-Preferred	\$6,500	\$13,000
Physician Office Visit	Deductible & Coinsurance	
Lab Services Performed in a Physician's Office / Independent Lab	Deductible & Coinsurance	
X-ray and other Radiology Procedures	Deductible & Coinsurance	
Routine Preventive Care	Expanded (ACA Compliant) Women's Preventive***	
Preferred	Routine Services: 100%	
	Related OV: 100%	
Non-Preferred	Deductible & Coinsurance	

***Routine Women's Preventive services required under the Affordable Care Act of 2010 ("ACA")

Benefit and Rate Confirmation
Jackson County – BlueSaver PPO Plan

<i>Hospital and Physician (cont'd.)</i>	
Routine Vision Care	Not Covered
Prenatal Program	Yes
Emergency Room	Deductible & Preferred Coinsurance
Urgent Care Benefit	Deductible & Coinsurance

<i>Mental Illness/Substance Abuse</i>	
Inpatient Mental Illness/Substance Abuse	Deductible & Coinsurance
Outpatient Mental Illness/Substance Abuse	Deductible & Coinsurance

<i>Ancillary/Miscellaneous</i>	
Air Ambulance	Deductible & Preferred Coinsurance
Ground Ambulance	Deductible & Preferred Coinsurance <i>No limit per trip</i>
Home Health Services	Deductible & Coinsurance <i>60 visit Calendar Year Maximum</i>
Skilled Nursing Facility	Deductible & Coinsurance <i>30 day Calendar Year Maximum</i>
Inpatient Hospice	Deductible & Coinsurance <i>14 Day Lifetime Max</i>
Outpatient Therapy (Speech, Hearing, Physical and Occupational)	Deductible & Coinsurance <i>Combined 60 visit Calendar Year Maximum for Physical & Occupational Therapy</i> <i>Combined 20 visit Calendar Year Maximum for Speech & Hearing Therapy</i>
Chiropractic Services	Deductible & Coinsurance
Infertility/Impotency	\$10,000 lifetime benefit maximum; drugs are covered at 50% after deductible and applicable copay

Benefit and Rate Confirmation
Jackson County – BlueSaver PPO Plan

Outpatient Prescription Drugs	
Network	BCBSKC Rx
Long-Term Supply – Mail order only	All covered drugs
Retail Copays: Tier 1/Tier 2/Tier 3	In Network: Deductible then no Copay Out of Network: Deductible then 50% after \$12/20%/50%
Mail Order Copays: Tier 1/Tier 2/Tier 3	In Network: Deductible then no Copay Out of Network: Deductible then 50% after \$24/20%/50%
Contraceptives:	Generic contraceptive drugs covered at 100% Injectables, implants, and devices covered at 100%
Over the Counter Drugs (Prevacid OTC, Prilosec OTC, Loratadine/Loratadine-D tablets including rapidly dissolving tablets, and syrup (generic for Claritin and Alavert products) & Zyrtec	Deductible then 100%
ExpressScripts Program:	BlueKC Network without Walgreen's Select Home Delivery Active Choice

Other	
Lifetime Maximum	Unlimited
Dependent Limiting Age	26
Maternity	Covered
Dependent Daughters	Covered for maternity
Eligibility/Termination	First day of month/last day of month
Domestic Partner Amendment – Coverage for same sex and opposite sex coverage	Covered
Coverage for Legally Married Same Sex Spouse	Yes
Wellness Fund (Group Total)	\$75,000 <i>*Amount applies to group as a whole and amount is not available for each unique product the group offers.</i>
Bank Selection	UMB
Nurse Line	Yes

Benefit and Rate Confirmation
Jackson County – BlueSaver PPO Plan

Underwriting	
Minimum percent of Eligible employees covered	75%
Percentage threshold of total employee enrollment at renewal based on prior year's enrollment	90%
Classification of Eligible Employees	See Attached
Waiting Period	See Attached
Minimum Employer Contribution	75% cost of Eligible Employees/50% total account premium
Section 125 Enrollment Provisions	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes
Start Date of Annual Enrollment Period	30 days prior to group anniversary date
End Date of Annual Enrollment Period	15 days after group anniversary date
Contract Term	12 months
Subsequent Renewal Terms	12 months
Renewal Notification	180 Days Preliminary; 120 Days Final
Next Renewal	1/1/19
Reinstatement Fee	\$500
Subject to ERISA	No

Mandated Offerings	
Pregnancy Termination	<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject

Benefit and Rate Confirmation
Jackson County – BlueSaver PPO Plan

Rates	
Employee Employee + One Family	See Cost Plus Agreement
Cobra	
Employee	\$648.90
Employee + One	\$1,494.91
Family	\$1,814.23

A Healthier You™	
Select only one:	
<input type="checkbox"/> AHY 100+ <input checked="" type="checkbox"/> AHY Platinum (1000+) <input type="checkbox"/> Decline AHY (approval needed)	
AHY for Subscriber and Spouse with Medical Coverage	Included in premium

Funding	<input type="checkbox"/> ASO <input checked="" type="checkbox"/> Cost Plus <input type="checkbox"/> Insured <input type="checkbox"/> Other
----------------	---

Confirmed by Jackson County:


 Signature

Director of Finance and Purchasing

Title

11/30/17
 Date

Accepted by Blue Cross and
 Blue Shield of Kansas City:


 Signature

UNDERWRITER
 Title

6/24/17
 Date

APPROVED AS TO FORM


 County Counselor

Jackson County

BlueSelect Plus PPO Plan

Benefit & Rate Confirmation

(Effective January 1, 2018)



**Benefit and Rate Confirmation
Jackson County – BlueSelect Plus PPO Plan**

BlueSelect Plus Copayment, Deductible, Coinsurance and Limits
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<i>Hospital and Physician</i>		
Calendar Year Deductible	<u>In Network</u>	<u>Out of Network</u>
Individual	\$1,000	\$2,500
Family	\$2,000	\$4,500
Coinsurance Member Pays		
Preferred		20%
Non-Preferred		50%
Out-of-Pocket Maximum <i>(Includes Deductible, Coinsurance & All Copays)</i>	<u>Individual</u>	<u>Family</u>
Preferred	\$4,500	\$9,000
Non-Preferred	\$22,500	\$45,000
Physician Office Visit		
Preferred		
PCP		\$30 Copay*
Specialist		\$60 Copay*
Non-Preferred		Deductible & Coinsurance
*Copay applies to the Office Visit Charge Only. Other procedures performed in a Physician's office are subject to the applicable deductible and coinsurance level unless otherwise specified in the benefit schedule.		
Lab Services		
Preferred		No Copay*
Physician's Office / Independent Lab		Deductible & Coinsurance
Outpatient Facility/Hospital		Deductible & Coinsurance
Non-Preferred		
X-ray and other Radiology Procedures		
Preferred		Deductible & Coinsurance
Non-Preferred		Deductible & Coinsurance

Benefit and Rate Confirmation
Jackson County – BlueSelect Plus PPO Plan

<i>Hospital and Physician (cont'd.)</i>	
Routine Preventive Care Preferred	Expanded (ACA Compliant) Women's Preventive***
Non-Preferred	Routine Services: 100% Related OV: 100% Deductible & Coinsurance
Routine Vision Care	Not Covered
Prenatal Program	Yes
Emergency Room	\$250 Copay then Deductible & Preferred Coinsurance <i>Copay waived if admitted to a Hospital</i>
Urgent Care Benefit Preferred	\$60 Copay*
Non-Preferred	Deductible & Coinsurance

<i>Mental Illness/Substance Abuse</i>	
Inpatient Mental Illness/Substance Abuse	Deductible & Coinsurance
Outpatient Mental Illness/Substance Abuse Office Visit	\$30 Copay*
Outpatient Mental Illness/Substance Abuse Therapy	Deductible & Coinsurance

***Routine Women's Preventive required under the Affordable Care Act of 2010 ("ACA")

Benefit and Rate Confirmation
Jackson County – BlueSelect Plus PPO Plan

<i>Ancillary/Miscellaneous</i>	
Air Ambulance	Deductible & Preferred Coinsurance
Ground Ambulance	Deductible & Preferred Coinsurance <i>No limit per trip</i>
Home Health Services	Deductible & Coinsurance <i>60 visit Calendar Year Maximum</i>
Skilled Nursing Facility	Deductible & Coinsurance <i>30 day Calendar Year Maximum</i>
Inpatient Hospice	Deductible & Coinsurance <i>14 Day Lifetime Max</i>
Outpatient Therapy (Speech, Hearing, Physical and Occupational)	Deductible & Coinsurance <i>Combined 60 visit Calendar Year Maximum for Physical & Occupational Therapy</i> <i>Combined 20 visit Calendar Year Maximum for Speech & Hearing Therapy</i>
Chiropractic Services *Copay applies to the Office Visit Charge Only. Other procedures performed in a Chiropractor's office are subject to the applicable deductible and coinsurance level unless otherwise specified in the benefit schedule.	Network: \$60 Copay* Non-Network: Deductible & Coinsurance
Infertility/Impotency	\$10,000 lifetime benefit maximum; drugs are covered at 50% after applicable copay

Benefit and Rate Confirmation
Jackson County – BlueSelect Plus PPO Plan

Outpatient Prescription Drugs	
Network	BCBSKC Rx
Rx Deductible	None
Long-Term Supply – Mail order only	All covered drugs.
Retail Copays: Tier 1/Tier 2/Tier 3	\$12/20% up to \$100/50% up to \$250
Mail Order Copays: Tier 1/Tier 2/Tier 3	\$24/20% up to \$200/50% up to \$500
Contraceptives:	Generic contraceptive drugs covered at 100% Injectables, implants, and devices covered at 100%
Over the Counter Drugs (Prevacid OTC, Prilosec OTC, Loratadine/Loratadine-D tablets including rapidly dissolving tablets, and syrup (generic for Claritin and Alavert products) & Zyrtec	\$1 Copay
Out-of-Network:	Retail: 50% after \$12/20%/50% Mail Order 50% after \$24/20%/50%
ExpressScripts Program:	BlueKC Network without Walgreen's Select Home Delivery Active Choice
Other	
Lifetime Maximum	Unlimited
Dependent Limiting Age	26
Maternity	Covered
Dependent Daughters	Covered for maternity
Eligibility/Termination	First day of month/last day of month
Domestic Partner Amendment – Coverage for same sex and opposite sex coverage	Covered
Coverage for Legally Married Same Sex Spouse	Yes
Wellness Fund (Group Total)	\$75,000 <i>*Amount applies to group as a whole and amount is not available for each unique product the group offers.</i>
Nurse Line	Yes

Benefit and Rate Confirmation
Jackson County – BlueSelect Plus PPO Plan

<i>Underwriting</i>	
Minimum percent of Eligible employees covered	75%
Percentage threshold of total employee enrollment at renewal based on prior year's enrollment	90%
Classification of Eligible Employees	See Attached
Waiting Period	See Attached
Minimum Employer Contribution	75% cost of Eligible Employees/50% total account premium
Section 125 Enrollment Provisions	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes
Start Date of Annual Enrollment Period	30 days prior to group anniversary date
End Date of Annual Enrollment Period	15 days after group anniversary date
Contract Term	12 months
Subsequent Renewal Terms	12 months
Renewal Notification	180 Days Preliminary; 120 Days Final
Next Renewal	1/1/19
Reinstatement Fee	\$500
Subject to ERISA	No

<i>Mandated Offerings</i>	
Pregnancy Termination	<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject

**Benefit and Rate Confirmation
Jackson County – BlueSelect Plus PPO Plan**

Rates	
Employee Employee + One Family	See Cost Plus Agreement
<u>Direct Bill Cobra</u>	
Employee	\$629.07
Employee + One	\$1,437.96
Family	\$1,764.36

A Healthier You™	
Select only one:	
<input type="checkbox"/> AHY 100+ <input checked="" type="checkbox"/> AHY Platinum (1000+) <input type="checkbox"/> Decline AHY (approval needed)	
AHY for Subscriber and Spouse with Medical Coverage	Included in premium

Funding	<input type="checkbox"/> ASO <input checked="" type="checkbox"/> Cost Plus <input type="checkbox"/> Insured <input type="checkbox"/> Other
----------------	---

Confirmed by Jackson County:


Signature

Director of Finance and Purchasing
Title

11/30/17
Date

Accepted by Blue Cross and Blue Shield of Kansas City:


Signature

UNDERWRITER
Title

10/24/17
Date

APPROVED AS TO FORM


County Counselor

Jackson County

BluesSelect Plus EPO Plan

Benefit & Rate Confirmation

(Effective January 1, 2018)



Benefit and Rate Confirmation
Jackson County – BlueSelect Plus EPO Plan

BlueSelect Plus EPO

Copays and Limits

Physician

Primary Care Office Visit	\$30 Copay
Specialty Care Office Visit	\$60 Copay
Expanded (ACA Compliant) Women's Preventive** and Related Office Visit	No Copay
Routine Vision	Not Covered
Allergy Testing	\$100 Copay
Urgent Care	\$60 Copay <i>(Urgent Care copay waived if services provided at local Retail urgent care clinic)</i>
Pre-natal Program	Yes

Hospital

Emergency Room	\$300 Copay <i>Copay waived if admitted to a hospital</i>
MRI, MRA, CT, and PET scans performed in a Physicians office, imaging center or other outpatient setting (including a hospital)	\$250 Copay
Inpatient Hospital Services or Outpatient Surgery in Hospital or other Outpatient Facility	\$400 Copay Per Day <i>Copays limited to five copays per member per calendar year</i>

Out-of-Pocket Maximum/Deductible

Calendar Year Deductible	
Individual	\$0
Family	\$0
Coinsurance Member Pays	
Preferred	0%
Out-of-Pocket Maximum <i>(Includes Deductible, Coinsurance & All Copays)</i>	
Individual	\$3,500
Family	\$8,750

****Routine Women's Preventive services required under the Affordable Care Act of 2010 ("ACA")**

Benefit and Rate Confirmation
Jackson County – BlueSelect Plus EPO Plan

<i>Mental Illness/Substance Abuse</i>	
Inpatient Mental Illness/Substance Abuse	\$400 Copay Per Day <i>Copays limited to five copays per member per calendar year</i>
Outpatient Mental Illness/Substance Abuse Office Visit/Therapy:	\$30 Copay
Outpatient Mental Illness/Substance Abuse Other Services (including partial hospitalization):	No Copay

<i>Ancillary/Miscellaneous</i>	
Air Ambulance	No Copay
Ground Ambulance	No Copay <i>No Limit Per Trip*</i>
Home Health Services	0% Coinsurance <i>60 visit Calendar Year Maximum</i>
Skilled Nursing Facility	No Copay <i>30 day Calendar Year Maximum</i>
Inpatient Hospice	\$200 Copay <i>Applies to Annual Inpatient/Outpatient Hospital Maximum 14 Day Lifetime Maximum</i>
Outpatient Therapy (Speech, Hearing, Physical (including Skeletal Manipulations not performed by a Chiropractor) and Occupational)	0% Coinsurance <i>Combined 60 visit Calendar Year Maximum for Physical & Occupational Therapy Combined 20 visit Calendar Year Maximum for Speech & Hearing Therapy</i>
Skeletal Manipulations	\$30 Copay
Infertility/Impotency Treatment	\$10,000 lifetime benefit maximum
Infertility/Impotency Drugs	50% after prescription copay

**Process ambulance benefit at billed charges.*

Benefit and Rate Confirmation
Jackson County – BlueSelect Plus EPO Plan

<i>Outpatient Prescription Drugs</i>	
Network	BCBSKC Rx
Rx Deductible	None
	All covered drugs
Long-Term Supply – All sources (retail – 3x short-term)	\$12/20% up to \$100/50% up to \$250
Short-Term Retail Copays: Tier 1/Tier 2/Tier 3	\$24/20% up to \$200/50% up to \$500
Long-Term Mail Order Copays: Tier 1/Tier 2/Tier 3	
90 Day Rx at Retail	Not Covered
Contraceptives:	Generic contraceptive drugs covered at 100% Injectables, implants, and devices covered at 100%

<i>Other</i>	
Lifetime Maximum	Unlimited
Dependent Limiting Age	26
Maternity	Covered
Dependent Daughters	Covered for maternity
Elective Pregnancy Termination	Not covered
Eligibility/Termination	First day of month/last day of month
Coverage for Legally Married Same Sex Spouse	Yes
Domestic Partner Amendment – Coverage for same sex and opposite sex coverage	Not covered
Wellness Fund (Group Total)	\$75,000 <i>*Amount applies to group as a whole and amount is not available for each unique product the group offers.</i>
Nurse Line	Yes

Benefit and Rate Confirmation
Jackson County – BlueSelect Plus EPO Plan

<i>Underwriting</i>	
Minimum percent of Eligible employees covered	75%
Percentage threshold of total employee enrollment at renewal based on prior year's enrollment	90%
Classification of Eligible Employees	See Attached
Waiting Period	See Attached
Minimum Employer Contribution	75% cost of Eligible Employees/50% total account premium
Section 125 Enrollment Provisions	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes
Start Date of Annual Enrollment Period	30 days prior to group anniversary date
End Date of Annual Enrollment Period	15 days after group anniversary date
Contract Term	12 months
Subsequent Renewal Terms	12 months
Renewal Notification	180 Days Preliminary; 120 Days Final
Next Renewal	1/1/19
Reinstatement Fee	\$500
Subject to ERISA	No

<i>Mandated Offerings</i>	
Pregnancy Termination	<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject


**Benefit and Rate Confirmation
Jackson County – BlueSelect Plus EPO Plan**

Rates	
Employee	See Cost Plus Agreement
Employee + One	
Family	
Employee	\$641.87
Employee + One	\$1,462.78
Family	\$1,802.30

A Healthier You™	
Select only one:	
<input type="checkbox"/> AHY 100+ <input checked="" type="checkbox"/> AHY Platinum (1000+) <input type="checkbox"/> Decline AHY (approval needed)	
AHY for Subscriber and Spouse with Medical Coverage	Included in premium

Funding	<input checked="" type="checkbox"/> Cost Plus <input type="checkbox"/> Insured <input type="checkbox"/> Other _____
----------------	---

Confirmed by Jackson County:


Signature

Director of Finance and Purchasing

Title

11/30/17
Date

Accepted by Blue Cross and Blue Shield of Kansas City:


Signature

UNDERWRITER
Title

10/24/17
Date

APPROVED AS TO FORM


County Counselor

Jackson County
BlueSelect Plus
BlueSaver PPO Plan
Benefit & Rate Confirmation
(Effective January 1, 2018)



Benefit and Rate Confirmation
Jackson County – BlueSelect Plus BlueSaver Plan

BlueSelect Plus
Copayment, Deductible, Coinsurance and Limits

<i>Hospital and Physician</i>		
Calendar Year Deductible	<u>Individual</u>	<u>Family</u>
Preferred	\$2,700	\$5,400
Non-Preferred	\$5,400	\$10,800
Coinsurance Member Pays		
Preferred		0%
Non-Preferred		30%
Out-of-Pocket Maximum <i>(Includes Deductible, Coinsurance & All Copays)</i>	<u>Individual</u>	<u>Family</u>
Preferred	\$2,700	\$5,400
Non-Preferred	\$13,500	\$27,000
Physician Office Visit	Deductible & Coinsurance	
Lab Services Performed in a Physician's Office / Independent Lab	Deductible & Coinsurance	
X-ray and other Radiology Procedures	Deductible & Coinsurance	
Routine Preventive Care	Expanded (ACA Compliant) Women's Preventive***	
Preferred	Routine Services: 100%	
	Related OV: 100%	
Non-Preferred	Deductible & Coinsurance	

***Routine Women's Preventive services required under the Affordable Care Act of 2010 ("ACA")

Benefit and Rate Confirmation
Jackson County – BlueSelect Plus BlueSaver Plan

<i>Hospital and Physician (cont'd.)</i>	
Routine Vision Care	Not Covered
Prenatal Program	Yes
Emergency Room	Deductible & Preferred Coinsurance
Urgent Care Benefit	Deductible & Coinsurance

<i>Mental Illness/Substance Abuse</i>	
Inpatient Mental Illness/Substance Abuse	Deductible & Coinsurance
Outpatient Mental Illness/Substance Abuse	Deductible & Coinsurance

<i>Ancillary/Miscellaneous</i>	
Air Ambulance	Deductible & Preferred Coinsurance
Ground Ambulance	Deductible & Preferred Coinsurance <i>No limit per trip</i>
Home Health Services	Deductible & Coinsurance <i>60 visit Calendar Year Maximum</i>
Skilled Nursing Facility	Deductible & Coinsurance <i>30 day Calendar Year Maximum</i>
Inpatient Hospice	Deductible & Coinsurance <i>14 Day Lifetime Max</i>
Outpatient Therapy (Speech, Hearing, Physical and Occupational)	Deductible & Coinsurance <i>Combined 60 visit Calendar Year Maximum for Physical & Occupational Therapy</i> <i>Combined 20 visit Calendar Year Maximum for Speech & Hearing Therapy</i>
Chiropractic Services	Deductible & Coinsurance
Infertility/Impotency	\$10,000 lifetime benefit maximum; drugs are covered at 50% after deductible and applicable copay

Benefit and Rate Confirmation
Jackson County – BlueSelect Plus BlueSaver Plan

Outpatient Prescription Drugs	
Network	BCBSKC Rx
Long-Term Supply – Mail order only	All covered drugs
Retail Copays: Tier 1/Tier 2/Tier 3	In Network: Deductible then no Copay Out of Network: Deductible then 50% after \$12/20%/50%
Mail Order Copays: Tier 1/Tier 2/Tier 3	In Network: Deductible then no Copay Out of Network: Deductible then 50% after \$24/20%/50%
Contraceptives:	Generic contraceptive drugs covered at 100% Injectables, implants, and devices covered at 100%
Over the Counter Drugs (Prevacid OTC, Prilosec OTC, Loratadine/Loratadine-D tablets including rapidly dissolving tablets, and syrup (generic for Claritin and Alavert products) & Zyrtec	Deductible then 100%
ExpressScripts Program:	BlueKC Network without Walgreen's Select Home Delivery Active Choice

Other	
Lifetime Maximum	Unlimited
Dependent Limiting Age	26
Maternity	Covered
Dependent Daughters	Covered for maternity
Eligibility/Termination	First day of month/last day of month
Domestic Partner Amendment – Coverage for same sex and opposite sex coverage	Covered
Coverage for Legally Married Same Sex Spouse	Yes
Wellness Fund (Group Total)	\$75,000 *Amount applies to group as a whole and amount is not available for each unique product the group offers.
Bank Selection	UMB
Nurse Line	Yes

Benefit and Rate Confirmation
Jackson County – BlueSelect Plus BlueSaver Plan

<i>Underwriting</i>	
Minimum percent of Eligible employees covered	75%
Percentage threshold of total employee enrollment at renewal based on prior year's enrollment	90%
Classification of Eligible Employees	See Attached
Waiting Period	See Attached
Minimum Employer Contribution	75% cost of Eligible Employees/50% total account premium
Section 125 Enrollment Provisions	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes
Start Date of Annual Enrollment Period	30 days prior to group anniversary date
End Date of Annual Enrollment Period	15 days after group anniversary date
Contract Term	12 months
Subsequent Renewal Terms	12 months
Renewal Notification	180 Days Preliminary; 120 Days Final
Next Renewal	1/1/19
Reinstatement Fee	\$500
Subject to ERISA	No

<i>Mandated Offerings</i>	
Pregnancy Termination	<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject

**Benefit and Rate Confirmation
Jackson County – BlueSelect Plus BlueSaver Plan**

Rates	
Employee Employee + One Family	See Cost Plus Agreement
<u>Cobra</u>	
Employee	\$591.58
Employee + One	\$1,364.05
Family	\$1,654.73

A Healthier You™	
Select only one:	
<input type="checkbox"/> AHY 100+ <input checked="" type="checkbox"/> AHY Platinum (1000+) <input type="checkbox"/> Decline AHY (approval needed)	
AHY for Subscriber and Spouse with Medical Coverage	Included in premium

Funding	<input type="checkbox"/> ASO <input checked="" type="checkbox"/> Cost Plus <input type="checkbox"/> Insured <input type="checkbox"/> Other
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Confirmed by Jackson County:


Signature

Director of Finance and Purchasing
Title

11/30/17
Date

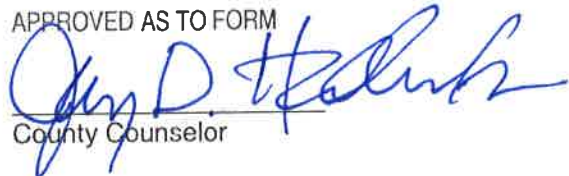
Accepted by Blue Cross and
Blue Shield of Kansas City:


Signature

UNDERWRITER
Title

11/24/17
Date

APPROVED AS TO FORM


County Counselor

Blue Cross and Blue Shield of Kansas City
COST-PLUS ADDENDUM

This Cost-Plus Addendum amends and is incorporated into and made a part of the Group Contract(s) entered into by and between Blue Cross and Blue Shield of Kansas City, on behalf of itself and its subsidiary, Good Health HMO, Inc., d/b/a Blue-Care, if applicable (collectively, “BCBSKC”) and Jackson County (“Employer”). This Addendum shall be effective January 1, 2018 (the “Effective Date”).

WHEREAS, the parties have entered into the Group Contract(s) numbered 31618000 and the associated Health and, if applicable, Dental Benefit Certificate(s) (collectively, the “Group Contract(s)”), pursuant to which BCBSKC has agreed to arrange for the provision of certain health care services and/or dental care to Employer’s eligible Employees and their covered Dependents in accordance with the terms, conditions, limitations and exclusions specified in the Group Contract(s);

WHEREAS, the parties desire to implement an alternative funding arrangement for the Group Contract(s), as set forth herein; and

WHEREAS, this Addendum, while implementing an alternative funding arrangement, does not alter any terms or conditions of the benefits covered under the Group Contract(s).

NOW, THEREFORE, in consideration of the foregoing, the mutual promises and agreements contained herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree as follows:

Article 1
Employer’s Obligations

1.1 **Funding under Group Contracts.** Employer agrees that the funding for coverage under the Group Contract(s) shall be determined as set forth in this Addendum.

1.2 **Fixed Premium.** Employer shall pay BCBSKC, on a monthly basis, the Fixed Premium in accordance with Article 3.2.

1.3 **Employer’s Claims Obligations.** In order to fulfill the Employer’s total financial obligations under the terms of this Addendum, the Employer shall make payments to BCBSKC as set forth herein and in accordance with Article 3.1. For each month that this Addendum is in effect, Employer shall pay to BCBSKC an amount set forth in (a) and (b) below:

- (a) the lesser of:
 - i. the Cumulative Paid Claims; or
 - ii. the Cumulative Monthly Claims Limit

LESS

(b) the Cumulative Prior Payment Amount.

Example:

	January	February	March	April
Paid Claims	70	80	110	90
Cumulative Paid Claims	70	150	260	350
Monthly Claims Limit	100	100	100	100
Cumulative Monthly Claims Limit	100	200	300	400
Cumulative Prior Payment Amount	0	70	150	260
Actual Payment Owed	70	80	110	90

Notwithstanding the foregoing: (1) Paid Claims in excess of the Individual Pooling Limit for any Covered Person will not be counted as Paid Claims for the purposes of the calculation set forth above; and (2) the Cumulative Monthly Claims Limit for the full Contract Period shall not be less than the Minimum Annual Claims Limit set forth in Exhibit A (Cost Plus Provisions).

1.4 Statutory Assessments. To the extent BCBSKC is required to pay any Statutory Assessments, Employer will pay BCBSKC an amount equal to the Statutory Assessments based upon BCBSKC's determination of such amounts. BCBSKC shall bill the Employer these Statutory Assessments on the Monthly Settlement Report, and the Employer shall pay such Statutory Assessments in accordance with Article 3. If BCBSKC determines, in its sole and reasonable discretion, that its methodology for paying the Health Insurance Providers Fee (aka HIT Tax) was incorrect (e.g., BCBSKC required Employer to pay the HIT Tax on all amounts paid by Employer to BCBSKC, but BCBSKC subsequently determines that a portion of the amounts paid by Employer are not subject to the HIT Tax, or vice versa), resulting in an underpayment or overpayment by Employer of the HIT Tax, then BCBSKC shall notify Employer of the shortfall or excess, and: (a) Employer shall promptly pay to BCBSKC such shortfall; or (b) BCBSKC shall reimburse Employer for such excess (which may include, at BCBSKC's option, applying a credit to subsequent Employer invoices), as applicable. Notwithstanding the foregoing, BCBSKC's determination of the HIT Tax percentage set forth in Exhibit B (Rate Exhibits) is not subject to this Article 1.4.

1.5 Collateral. Upon BCBSKC's request, Employer shall procure a letter of credit (in such form as is reasonably acceptable to BCBSKC) from a financial institution reasonably acceptable to BCBSKC that evidences a commitment by the financial institution of funds payable to BCBSKC upon demand (without any further or additional action or authorization by Employer). Employer shall maintain such letter of credit until the end of the Runout Period. Alternatively, upon BCBSKC's request, Employer shall deliver to BCBSKC an amount reasonably requested by BCBSKC as collateral ("Collateral") for Employer's obligations under this Agreement. In the event Employer fails to pay amounts due to BCBSKC hereunder, BCBSKC may use as much or all of the Collateral as is needed to satisfy Employer's obligations. Any unused Collateral will be returned to Employer at the end of the Runout Period.

Article 2
BCBSKC Rights and Obligations

2.1 **Benefit Determinations.** For the purpose of this Addendum, BCBSKC shall have the right to determine the amount of Benefits, if any, payable for any Covered Person. Such determination shall be on the same basis as would be applicable under the Group Contract(s) in the absence of this Addendum. In the event of legal action against BCBSKC, by or on behalf of a Covered Person for Benefits under the Group Contract(s) with respect to a denied claim, BCBSKC, at its own expense, shall undertake the defense of such action and shall pay any judgment rendered therein. BCBSKC shall have the right to settle any such action. The Employer shall reimburse BCBSKC for the portion of any such judgment or settlement which is for a Paid Claim under the Group Contract(s), and such Paid Claim shall be administered in accordance with the terms of this Addendum, including Articles 1 and 3.

Article 3
Payment Due Dates, Grace Periods and Payment Changes

3.1 **Monthly Settlement.** Monthly payments for Paid Claims, Access Fees, Statutory Assessments and related charges, as indicated on the Monthly Settlement Report, are due and payable by the Employer within 31 calendar days following delivery to Employer by BCBSKC of the Monthly Settlement Report. The Employer shall have no grace period for such monthly payment.

3.2 **Fixed Premium.** The Fixed Premium is due and payable by the Employer the first day of each month; provided, that any Statutory Assessments and Access Fees will be due and payable by Employer with the Monthly Settlement as set forth in Article 3.1. The Employer shall have a grace period of 31 calendar days for such monthly Fixed Premium.

3.3 **Changes in Employer's Obligation.** BCBSKC reserves the right to change any and all fees, charges and factors upon a 31 calendar day written notice prior to the end of a Contract Period, to be effective for the following Contract Period.

3.4 **Late Payment Charge.** BCBSKC reserves the right to charge a late payment fee of \$13,220 in each instance in which Employer fails to timely pay any amount due to BCBSKC in accordance with this Article 3.

Article 4
Amendments

4.1 **General.** Except as provided in Article 3.3, BCBSKC may amend any other term or condition of this Addendum upon 60 calendar days written notice to conform to statutes of the state in which this Addendum is issued for delivery.

4.2 **Notice.** Notice of an amendment may be in the form of a new Addendum, a rider, or an amendment to this Addendum or otherwise as BCBSKC may elect.

Article 5 Termination

5.1 Term. The term of this Addendum shall begin on the Effective Date and shall continue until terminated as set forth in this Article 5.

5.2 Termination by Either Party. This Addendum may be terminated by BCBSKC or the Employer provided such party gives the other party written notice of its election to terminate the Addendum at least 30 calendar days prior to the end of the then current Contract Period. This Addendum and the underlying Group Contract(s) shall automatically terminate on the date of termination of the Group Contract(s).

5.3 Termination Due to Material Default. Except as provided in Article 5.4 below, either party may terminate this Addendum for cause upon written notice if the other party materially defaults in the performance of a provision of this Addendum and such default continues for a period of 60 calendar days after written notice to the defaulting party from the aggrieved party stating the specific default.

5.4 Termination Due to Non-Payment. Notwithstanding anything to the contrary herein, if Employer fails to pay BCBSKC in accordance with Article 3, this Addendum and the underlying Group Contract(s) may be terminated by BCBSKC, effective retroactively to the last day of the month in which all amounts owed to BCBSKC for such month were paid by the Employer.

5.5 Runout.

(a) Runout Claims and Services. Upon termination of this Addendum, and except in the event of Employer's material breach of this Addendum (including Employer's non-payment), BCBSKC shall provide Runout Services for Runout Claims.

(b) Runout Services Fee and Claims Obligation. Monthly payments for Runout Claims and the Runout Services Fee are due and payable by Employer for each month during the Runout Period within 31 calendar days following delivery to Employer by BCBSKC of the Monthly Settlement Report. The Employer shall have no grace period for such payments. Unless Employer purchases Terminal Liability Coverage as set forth in Article 5.6 below, Employer shall have the total obligation for Runout Claims.

(c) Statutory Assessments for Runout Claims and/or Runout Services. To the extent that any Statutory Assessments apply to Employer's payment obligations under Article 5.5 and/or 5.6, as determined by BCBSKC in its sole and reasonable discretion, then Employer shall pay to BCBSKC an amount equal to such Statutory Assessments.

5.6 Terminal Liability Coverage. Employer may choose to purchase, at the time of execution of this Addendum, Terminal Liability Coverage; provided, that there is no Individual Pooling Limit with respect to Runout Claims. If Employer purchases Terminal Liability Coverage, the following shall apply:

(a) Terminal Liability Coverage Charges. Terminal Liability Coverage Charges will be included with the Pooling Charges and paid by the Employer in accordance with Article 3.2.

(b) Terminal Liability Factors. The Employer's obligation for Runout Claims is limited to the amounts set forth in the "Terminal Liability Factors" section of Exhibit B (Rate Exhibits) for each Coverage Class and Product Type combination, multiplied by the number of such Coverage Class and Product Type combinations, based on the greater of:

1. enrollment during the last month of the final Contract Period; or
2. the average enrollment during the last three (3) months of the final Contract Period.

5.7 Late Payment. BCBSKC reserves the right to charge a late payment fee of \$13,220 in each instance in which Employer fails to timely pay any amount due to BCBSKC in accordance with this Article 5.

Article 6 General Provisions

6.1 Modification of Group Contracts. The provisions of the Group Contract(s) are amended to the extent necessary to be consistent with the provisions set forth in this Addendum and to that extent the provisions of this Addendum shall govern notwithstanding anything in the Group Contract(s) to the contrary.

6.2 Waiver. Neither the failure nor any delay by either party to exercise any right, power or privilege hereunder shall operate as a waiver thereof, nor shall any single or partial exercise of any such right, power or privilege preclude any other or further exercise thereof, or the exercise of any other right, power or privilege. In the event that a party does waive any breach of any provision of this Addendum, such waiver shall not be deemed or construed as a continuing waiver of any breach of the same or different provision.

6.3 BlueCard Fees. Employer understands and agrees: (a) to pay certain fees and compensation to BCBSKC which BCBSKC is obligated under BlueCard to pay to Licensees, to the Blue Cross and Blue Shield Association, or to the BlueCard vendors; and (b) that fees and compensation under BlueCard may be revised from time to time without Employer's prior approval in accordance with the standard procedures for revising fees and compensation under BlueCard. Some of these fees and compensation are charged each time a claim is processed through BlueCard and include, but are not limited to, access fees, administrative expense allowance fees, Central Financial Agency Fees, and ITS Transaction Fees. Other fees include, but are not limited to, an 800 number fee and a fee for provider directories. Employer may contact BCBSKC if Employer would like an updated listing of these types of fees. These fees are included in the Fixed Costs Fees and are guaranteed for the term of this Addendum.

6.4 BlueCard Recoveries. Under BlueCard, recoveries from a Licensee or from participating providers of a Licensee can arise in several ways, including, but not limited to, anti-fraud and

abuse audits, provider/hospital audits, credit balance audits, utilization review refunds, and unsolicited refunds. In some cases, the Licensee will engage third parties to assist in discovery or collection of recovery amounts. The fees of such a third party are netted against the recovery. Recovery amounts, net of fees, if any, will be applied in accordance with applicable BlueCard policies, which generally require correction on a claim-by-claim or prospective basis. Unless otherwise agreed to by the Licensee, BCBSKC may request adjustments from the Licensee for full provider refunds due to the retroactive cancellation of membership only for one year after the Inter-Licensee financial settlement process date of the original claim. In some cases, recovery of claim payments associated with a retroactive cancellation may not be possible if the recovery conflicts with the Licensee's state law, provider contracts or jeopardizes its relationship with its providers.

6.5 BCBSKC Recoveries. BCBSKC may pursue recoveries of Paid Claims in accordance with its rules and procedures (including via the use of third parties acting on BCBSKC's behalf), which may arise in several ways, including but not limited to, anti-fraud and abuse audits, provider/hospital audits, utilization review refunds, and class action settlement recoveries from health care providers and manufacturers of health care or other products or services. Any recovery will be credited to the Employer, subject to the terms of this Addendum, including with respect to Pooling Limits, and BCBSKC's rules and procedures; provided, that BCBSKC may charge the Employer a fee for such recoveries which will be netted against any such recovery.

6.6 Medical Value Payments. Employer acknowledges that BCBSKC may have value-based payment arrangements with providers participating in certain health care delivery programs, including but not limited to patient-centered medical homes, accountable care organizations or episode-based provider payments. These providers are known as "Blue Distinction Total Care" providers. Pursuant to such health care delivery programs, Blue Distinction Total Care providers may be eligible for alternative payments, in lieu of or in addition to, traditional fee-for-service reimbursement, including but not limited to, withholds, bonuses, incentive payments, provider credits and member management fees (collectively, "Medical Value Payments"). The amount of Medical Value Payments Blue Distinction Total Care providers receive is specific to the Blue Distinction program and/or provider and may or may not be directly related to Employer, any Covered Person, or any other group or individual. Employer acknowledges that Medical Value Payments payable to any one or more Blue Distinction Total Care providers (a) will be included in Paid Claims, (b) may include compensation for services that are related to Covered Services, including, but not limited to, coordination of care, and (c) may include compensation in recognition of Blue Distinction Total Care provider's achievement of stated performance objectives, including, but not limited to, quality of care, patient outcomes or cost.

6.7 BCBSKC Prescription Drug Program. BCBSKC contracts with a pharmacy benefit manager ("PBM") for certain prescription drug administrative services, including prescription drug rebate administration and pharmacy network contracting services.

Under the agreement, PBM obtains rebates from drug manufacturers based on the utilization of certain prescription products by Covered Persons, and PBM retains the benefit of the rebate funds prior to disbursement. In addition, pharmaceutical manufacturers pay administrative fees to PBM in connection with PBM's services of administering, invoicing, allocating, and/or collecting rebates. Such administrative fees retained by PBM in connection with its rebate program do not

exceed the greater of (i) 5.5% of the average wholesale price, or (ii) 4.58% of the wholesale acquisition cost of the products. AWP does not represent a true wholesale price, but rather is a fluctuating benchmark provided by third party pricing sources. PBM may also receive other service fees from manufacturers as compensation for various services unrelated to rebates or rebate-associated administrative fees.

In addition, BCBSKC and PBM also contract with pharmacies to provide prescription products at discounted rates for BCBSKC members. The discounted rates paid by PBM and BCBSKC to these pharmacies differ among pharmacies within a network, as well as between networks. For pharmacies that contract with the PBM, BCBSKC pays a uniform discount rate under the BCBSKC contract with the PBM regardless of the various discount rates PBM pays to the pharmacies. Thus, where the BCBSKC rate exceeds the rate the PBM negotiated with a particular pharmacy, the PBM will realize a positive margin on the applicable prescription. The reverse may also be true, resulting in negative margin for the PBM. In addition, when the PBM receives payment from BCBSKC before payment to a pharmacy is due, the PBM retains the benefit of the use of these funds between these payments. BCBSKC is guaranteed a minimum level of discount whether through the PBM or where BCBSKC directly contracts with network pharmacies, which could result in the amount paid by Employer to be more or less than the amount PBM and/or BCBSKC pay to pharmacies.

Employer acknowledges and agrees for itself and its Covered Persons that BCBSKC is not acting as a fiduciary with respect to rebate administration, pharmacy network management, or the prescription drug plan. Employer further acknowledges for itself and its Covered Persons that BCBSKC receives rebates from the PBM and may receive positive margin in connection with the pharmacy network, as well as other financial credits, administrative fees and/or other amounts from network pharmacies, drug manufacturers or the PBM (collectively "Financial Credits"). Employer acknowledges and agrees for itself and its Covered Persons that BCBSKC shall retain sole and exclusive right to all Financial Credits, which constitute BCBSKC property (and are not plan assets), and BCBSKC may use such Financial Credits in its sole and absolute discretion, including without limitation to help stabilize BCBSKC's overall rates and to offset expenses, and BCBSKC does not share Financial Credits with the Employer.

Without limitation to the foregoing, Employer acknowledges and agrees to the following ("Financial Credit Rules") for itself and its Covered Persons that: (1) Employer and/or Covered Persons shall have no right to receive, claim or possess any beneficial interest in any Financial Credits; (2) Applicable drug benefit copayments, coinsurance, outpatient prescription drug deductible, deductible and/or maximum allowable benefits (including without limitation Calendar Year Maximum and Lifetime Maximum benefits) shall in no way be adjusted or otherwise affected as a result of any Financial Credits, except as may be required by law; (3) Any deductible and/or coinsurance required for prescription drugs shall be based upon the allowable charge at the pharmacy, and shall not change as a result of any Financial Credits, except as may be required by law; and (4) Amounts paid to pharmacies or any prices charged at pharmacies shall in no way be adjusted or otherwise affected as a result of any Financial Credits.

6.8 Audit of BCBSKC. During the term of this Addendum, Employer may, without charge by BCBSKC, perform an audit once during a Contract Period for the sole purpose of auditing

BCBSKC's performance of certain of its obligations under this Addendum. BCBSKC supports two audit approaches: (a) testing up to a statistically valid random sample, based upon a 95% confidence level (plus or minus 3% precision) and 97% expected performance; or (b) testing a targeted sample, up to a number of sample items equivalent to that which would result from the above random sample approach.

Employer may engage a third party to perform any or all of the audit on its behalf upon BCBSKC's prior written consent, not to be unreasonably withheld. If Employer engages a third party to perform all or any part of an audit, such third party shall, upon BCBSKC's request (and Employer shall cause such third party to), enter into a confidentiality and non-disclosure agreement with BCBSKC prior to, and as a condition of, conducting any function of the audit. Employer shall provide BCBSKC with at least thirty (30) business days' notice of its desire to conduct an audit, and the parties (including the third party engaged by Employer, as applicable) shall execute a Records Audit Agreement, which will set forth in detail the terms and conditions of the audit. Notwithstanding anything to the contrary in this Addendum or the Records Audit Agreement, in no event will provider reimbursement or other proprietary information under the control of BCBSKC be subject to audit unless BCBSKC, in its sole discretion, permits access to such information.

6.9 Entire Agreement. This Addendum and the Group Contract(s) constitute the entire Agreement between the parties concerning this subject matter and supersede all other agreements, representations or communications, oral or written, between the parties or their predecessors relating to the transactions contemplated by or which are the subject matter of this Addendum, and both parties understand and agree that prior agreements, practices or statements inconsistent with the language, terms and conditions of this Addendum are of no force or effect.

Article 7 Definitions

Access Fee The amount paid by Employer to BCBSKC for network management and access, determined as set forth in Exhibit A (Cost Plus Provisions) Exhibit B (Rate Exhibit) for each Coverage Class and Product Type combination, multiplied by the number of such Coverage Class and Product Type combinations in effect as of the first day of such month.

Contract Period The current contract term specified in the Group Contract(s) (which may be referred to in the Group Contract(s) as "Contract Year").

Coverage Class The level of coverage selected by an Employee as set forth in Exhibit B (Rate Exhibits) (e.g., "Individual", "Family", etc.).

Covered Person(s) Those individuals as defined in the Group Contract(s).

Covered Services Those services, supplies, equipment and care as defined in the Group Contract(s).

Cumulative Monthly Claims Limit The amount of Paid Claims for all Covered Persons' Covered Services for a Contract Period at which Employer has no further obligation, calculated as the sum of the Monthly Claims Limit for each month of the Contract Period to date.

Cumulative Paid Claims The sum of Paid Claims for each month of the Contract Period to date.

Cumulative Prior Payment Amount The sum of the amounts paid by Employer under Article 1.3 for each prior month (i.e., excluding the current month in question) of the Contract Period to date.

Fixed Cost Fees The amount of money to be paid by the Employer to BCBSKC for services under the Group Contract including such services as claims processing and investigation, utilization management, claims management, production and distribution of member identification cards, wellness services, web-based member services, brokerage fees, BlueCard fees and other general services. For any month during the Contract Period, Fixed Cost Fees shall equal the amounts set forth in the Fixed Cost Fees section of Exhibit B (Rate Exhibit) for each Coverage Class and Product Type combination, multiplied by the number of such Coverage Class and Product Type combinations in effect as of the first day of such month.

Fixed Premium The Fixed Cost Fees, Pooling Charges, Access Fees and Statutory Assessments as set forth in Exhibit A (Cost-Plus Provisions) and/or Exhibit B (Rate Exhibits), as applicable; provided, that the Access Fees and any Statutory Assessments shall be billed with the Monthly Settlement Report.

Group Contract(s) Those Group Contract(s) identified in Exhibit A (Cost Plus Provisions).

Individual Pooling Limit The amount at which any Paid Claims for a Covered Persons' Covered Services in excess of such amount during a Contract Period are not counted as Paid Claims for purposes of determining Employer's claims obligations under Article 1.3 during such Contract Period.

Monthly Claims Limit For any month during the term of this Addendum, the amounts set forth in the Monthly Claims Limit section of Exhibit B (Rate Exhibit) for each Coverage Class and Product Type combination, multiplied by the number of such Coverage Class and Product Type combinations in effect as of the first day of such month.

Monthly Settlement Report The Employer claims, network access and other obligations as reported for a given month by BCBSKC. The Monthly Settlement Report may include Paid Claims, Access Fees and Statutory Assessments, and, during the Runout Period, Runout Services Fee, as applicable.

Paid Claims All payments for Covered Services during the Contract Period and the Runout Period for claims that were incurred between 01/01/2018 and 12/31/2018 for the Individual Pool Limit and between 01/01/2018 and 12/31/2018 for the Monthly Claims Limit while this Addendum was in effect, or for claims that were incurred under this Addendum between the parties for the previous Contract Period, if applicable; including Medical Value Payments and other provider charges, such

as capitation, when applicable. Paid Claims are those amounts paid to a provider, which the provider has agreed to accept as payment in full at the time of claim payment for Covered Services provided to Covered Persons. Paid Claims are not reduced by any administration fees, network management fees, provider and pharmaceutical rebates, incentive arrangements, or any other reductions or credits a provider may periodically give BCBSKC, or any other amounts that a provider may pay BCBSKC for services such as administration, marketing, managed care, or quality improvement programs performed by BCBSKC for the provider. BCBSKC retains these amounts and they do not reduce the amount of Paid Claims. All services are deemed to be incurred on the date the service was actually rendered. A claim shall be deemed to be paid when a valid draft for payment of such benefit has been issued to the person or persons authorized for such purpose by agreement of the Employer and BCBSKC.

Pooling Charges The amount payable by the Employer to BCBSKC for limiting the Employer's claims obligation under the terms of the Cumulative Monthly Claims Limit and Individual Pooling Limit, and, if applicable, for Terminal Liability Coverage. For any month during the Contract Period, Pooling Charges shall equal the amounts set forth in the Pooling Charges section of Exhibit B (Rate Exhibit) for each Coverage Class and Product Type combination, multiplied by the number of such Coverage Class and Product Type combinations in effect as of the first day of such month.

Product Type The type of product(s) offered by Employer to Covered Persons, as set forth in Exhibit B (Rate Exhibits) (e.g., Blue Advantage, Blue Care, Dental, etc.).

Runout Claims Claims for Covered Services incurred by Covered Persons prior to the termination of this Addendum but paid by BCBSKC during the Runout Period. For purposes of clarification, Runout Claims do not include claims incurred after termination of this Addendum.

Runout Period The first twelve (12) months following termination of this Addendum.

Runout Services The services provided by BCBSKC for Runout Claims after termination of this Addendum.

Runout Services Fee The fee payable by Employer to BCBSKC for Runout Services, which is equal to the sum of: (a) ten percent (10%) of Runout Claims during the month; and (b) ten percent (10%) of the difference between billed charges and the Allowable Charge for all Runout Claims (i.e., 10% of network discounts) during the month.

Statutory Assessments Governmental entities assess a variety of fees, taxes, surcharges and/or assessments on employer-sponsored health coverage. These include, but are not limited to, state premium taxes, Affordable Care Act (ACA) assessments such as the Health Insurance Providers Fee, the Patient-Centered Outcomes Research Institute Fee (aka Comparative Effectiveness Fee) and the Transitional Reinsurance Fee, as well as miscellaneous state or local assessments, including but not limited to, the New York Healthcare Reform surcharge and the Maine Dirigo Access Payment.

Terminal Liability Coverage Coverage for Runout Claims exceeding a specified maximum at termination of this Addendum.

Terminal Liability Coverage Charges The cost associated with the purchase of Terminal Liability Coverage.

Other Defined Terms Any other capitalized term used in this Addendum and not specifically defined herein, shall have the meaning ascribed to it in the Group Contract(s).

IN WITNESS WHEREOF, BCBSKC and Employer have caused this Addendum to be executed effective as of the Effective Date.

Jackson County

BY: Mark Trosen

NAME: MARK TROSEN

TITLE: Director of Finance and Purchasing

DATE: 11/30/17

Blue Cross and Blue Shield of Kansas City

BY: Matt Seifert

NAME: MATT SEIFERT

TITLE: UNDEPUTED

DATE: 10/24/17

APPROVED AS TO FORM

Cheryl D. Halvorsen
County Counselor

Exhibit A
Cost Plus Provisions

1. This Addendum shall be applicable to:

 X Employer's Group Health Contract: Group Number(s) 31618000
 Employer's Group Dental Contract: Group Number(s)

2. The Individual Pooling Limit per Covered Person shall be \$250,000.

3. The Access Fee is due and payable with the Monthly Settlement Report and shall be:

\$20.00 per Employee per month

4. Minimum Annual Claims Limit:

The greater of: (a) \$13,658,020; or (b) 90% of the amounts set forth in the Monthly Claims Limit section of Exhibit B (Rate Exhibit) for each Coverage Class and Product Type combination, multiplied by the number of such Coverage Class and Product Type combinations for the first month of the Contract Period, times the number of months of the Contract Period as defined in Article 7.

Exhibit B
Rate Exhibits

Fixed Premium

1. The Fixed Cost Fees are as follows:

Employee	\$25.53
Employee + One	\$63.82
Family	\$74.66

2. Pooling Charges (including Terminal Liability Coverage Charges, if applicable) are as follows:

Employee	\$21.28
Employee + One	\$53.20
Family	\$62.23

3. Access Fees are as follows:

\$20.00 per Employee per month

4. Statutory Assessments are as follows:

A. The Health Insurance Providers Fee (aka HIT Tax) is due and payable with the Monthly Settlement Report and shall be 3.4% of the sum of the amounts payable under Articles 1.2, 1.3, and 1.4.

B. The Patient-Centered Outcomes Research Institute Fee (aka Comparative Effectiveness Fee) is due and payable with the Monthly Settlement Report and shall be \$2.34 per Covered Person (which equals \$0.20 per Covered Person per month).

C. The Transitional Reinsurance Fee is due and payable with the Monthly Settlement Report and shall be \$0.00 per Covered Person (which equals \$0.00 per Covered Person per month).

Exhibit B
Rate Exhibits

Rate Factors

1. Monthly Claims Limit Factors are as follows:

	<u>HMO</u>	<u>PCB PPO</u>	<u>PCB BlueSaver</u>
Employee	\$629.34	\$615.46	\$574.97
Employee + One	\$1,419.13	\$1,392.29	\$1,312.59
Family	\$1,759.23	\$1,718.03	\$1,599.67

	<u>EPO</u>	<u>BSP PPO</u>	<u>BSP BlueSaver</u>
Employee	\$568.08	\$555.54	\$518.77
Employee + One	\$1,281.09	\$1,256.75	\$1,184.29
Family	\$1,587.97	\$1,550.78	\$1,443.29

2. Terminal Liability Factors are as follows:

	<u>HMO</u>	<u>PCB PPO</u>	<u>PCB BlueSaver</u>
Employee	\$944.01	\$923.19	\$862.46
Employee + One	\$2,128.70	\$2,088.44	\$1,968.89
Family	\$2,638.85	\$2,577.04	\$2,399.51

	<u>EPO</u>	<u>BSP PPO</u>	<u>BSP BlueSaver</u>
Employee	\$852.12	\$833.31	\$778.16
Employee + One	\$1,921.64	\$1,885.13	\$1,776.44
Family	\$2,381.96	\$2,326.16	\$2,164.94

Performance Standards Agreement



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Administrative Performance Measure

Claims Processing

Claims Administrative Accuracy

Administrative accuracy shall be determined by reviewing a statistically valid sample of medical/dental claims for the correctness of coding accuracy in the administration of the plan. Examples of administrative errors include correct amounts sent to the wrong payee, and/or misapplied deductibles and maximums that do not result in payment errors. Administrative accuracy errors do not include any claims that affect claims payment or deductible accumulation, nor any errors that are corrected by Company prior to audit.

Administrative accuracy will be determined by counting the number of claims in a monthly sample that contains one or more coding errors (errors that do not affect claim payment) divided by the total number of claims in the sample. The resulting number shall then be subtracted from 1.00 to determine the administrative accuracy rate.

Performance Standards:

97% and greater accuracy No Penalty
92% to 96.9% accuracy \$15,000 Penalty
Accuracy less than 92% \$30,000 Penalty

Claims Financial Accuracy

Financial accuracy shall be determined by reviewing a statistically valid sample of medical and dental claims for the dollar amount of payment errors. Payment errors for financial accuracy shall be defined as claims payments that are either overpayments or underpayments of the amounts due to plan participants (i.e. payment in the wrong amount, duplicate payments, payment for non-eligible benefits, misapplied deductible or maximums resulting in payment errors). A financial error that is corrected by Company prior to audit shall not be considered as being a payment error. Overpayments and underpayments made on the same claim to the same provider that result in a correct net payment being made to such provider on such claim shall not be considered a financial payment error.

Financial accuracy of claims payments will be based on the dollar value of the payment errors measured as a percentage of total paid claims (dollar value of payment errors divided by the total dollars paid). The resulting number shall then be subtracted from 1.00 to determine the financial accuracy rate.

Performance Standards:

Company shall process all claims with a Financial Accuracy of 99% or better.

Performance Standards:

99% and greater accuracy No Penalty
98.9% to 92% accuracy \$15,000 Penalty
Accuracy less than 92% \$30,000 Penalty

Claims Processing Timeliness

Claims processing timeliness shall be determined by reviewing claims systems reports for the length of time incurred in processing clean medical claims. Clean medical and dental claims are defined as claims that do not require investigation or intervention. Claims requiring investigation include all claims that are not yet processed and are being held until Company is provided with all information

Performance Standards Agreement



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Administrative Performance Measure

pertinent to the claims as requested by Company and as necessary for processing of the claim. Claims requiring intervention include but are not limited to COB claims, claims requiring medical review, etc. Claims requiring investigation or intervention will not be considered for claims processing timeliness.

Claims processing time will be determined by measuring the interval of business days between the date the clean claim is received by Company and the date the claim is finalized by Company.

Performance Standards:

Company shall process 95% or more of all clean claims within fourteen business days.

Performance Standards:

95% or more within 14 days—No Penalty
90% to 94.9% within 14 days—\$15,000 Penalty
Less than 90% within 14 days—\$30,000 Penalty

Administrative Performance Standards - General Principles

The Administrative Performance Guarantees penalty amounts apply to medical administrative fees as outlined in the Administrative Services Agreement between Blue Cross and the group and will be adjusted in accordance with the performance standards set forth below. The performance measures will be effective January 1, 2018, and will remain in force through December 31, 2018 (hereinafter the "Measurement Period"), or until termination of the Administrative Services Agreement between the two parties, whichever is sooner. Administrator will place a maximum of \$90,000 of medical administrative fee at risk. For each category, performance will be measured by, and penalties, if any, will be calculated on the basis of Administrators audits, surveys, or reports as described in this document. The group retains the right to have internal or external auditors verify the accuracy of Administrators reported results at the Group's expenses.

1. Measurement of Administrator performance against the standards shall be performed and reported to Group by Administrator on a quarterly basis or as otherwise noted.
2. The measures discussed herein are average measures relative to the entire Measurement Period, as set out above. The Appropriate penalties will be paid if the result fails to meet the established goal for the entire Measurement Period. Select measures will be reported on a quarterly basis for illustrative purposes only.
3. This performance guarantee agreement applies only in regard to Group's health services provided directly by Administrator. It is not intended to apply to any other service of coverage, including but not limited to dental and/or life insurance coverage, and carve-outs such as vision, prescription drug card and mental health.
4. Any material failure on the part of Group or its designee to perform on a timely basis those responsibilities specified in the Administrative Services Agreement referenced in Paragraph I. above, that are necessary and integral to the Performance Guarantees made by the Administrator shall void, until such time they have been corrected, the applicable Performance Guarantee and the Administrator shall be held harmless.

Payment of Penalties

Although we will provide quarterly performance reports, penalties will be assessed for any Plan Year in which the Company fails to meet or exceed the Performance Standards specified herein for Claims Administrative Accuracy, Claims Financial Accuracy, and Claims Processing Timeliness. Performance will be calculated based on an annual average excluding the best and worst months.

Performance Standards Agreement



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Audit of Performance

Plan Sponsor agrees to accept the results and the methodology as defined therein under the Company's internal Quality Assurance Review process as the measurement of the criteria set forth in this Agreement.

Except as stated herein, this Agreement shall not be construed to otherwise change any of the terms or conditions of the Master Contract.

Approved and agreed to this 23rd day of October, 2017.

Jackson County:

By:

Name:

Title:

Mark Trosen

MARK TROSEN

Director of Finance and Purchasing

Blue Cross and Blue Shield of Kansas City

By:

Name:

Title:

Jeff Berry

JEFF BERRY

VP- Underwriting

APPROVED AS TO FORM

Chris D. Hefner

County Counselor